BASIS

Cover Page
Rev. 10/02

Consumer Name:	Agency:
Social Security #:	TCM:
	Provider #:
Data Entry Date:	Phone #:
	Date:

❑ Initial Assessment
- ❑ This individual has never been entered into BASIS before.
- ❑ This individual was previously entered into BASIS, but closed all services, and would like to have services again.
- ❑ This individual has transferred from the following CDDO provider area: _____. Data entry approved by the Placement Coordinator: _____ (signature)

❑ Annual Assessment
- ❑ This individual had an Initial Assessment completed less than 10 months ago and there are no changes. Please change the assessment date to the birth month.
- ❑ This individual is due for the annual assessment and there is a change on the attached sections.
- ❑ This re-assessment was approved by MH/DD by the following person: _____ On the following date: _____.
- ❑ This is a child reaching the age of 5.

❑ Changes/Update
- ❑ Information Change
- ❑ TCM Transfer
- ❑ System Analysis & Med. Sections 6 mo. update
- ❑ Other

❑ Service Closing
- ❑ One or more services have been closed.
- ❑ Transfer to CDDO for waiting list purposes. Data entry approved by the Single Point of Entry Director: _____(signature)

❑ Deletion from BASIS
- ❑ Close all services and delete this individual out of BASIS.

Instructions: Mark all that apply. Please staple this in the top left-hand corner to the necessary BASIS forms. **The BASIS forms may be submitted via the hand-written forms or by writing in red ink on the computer generated forms.** Then submit the packet to the:
Service Information Specialist COMCARE CDDO * 635 N Main * Wichita, KS 67203.
If you have any question, please call 316-660-7630. Please do not fax this or any of the BASIS forms. Thank-you.